

FIGURE 1

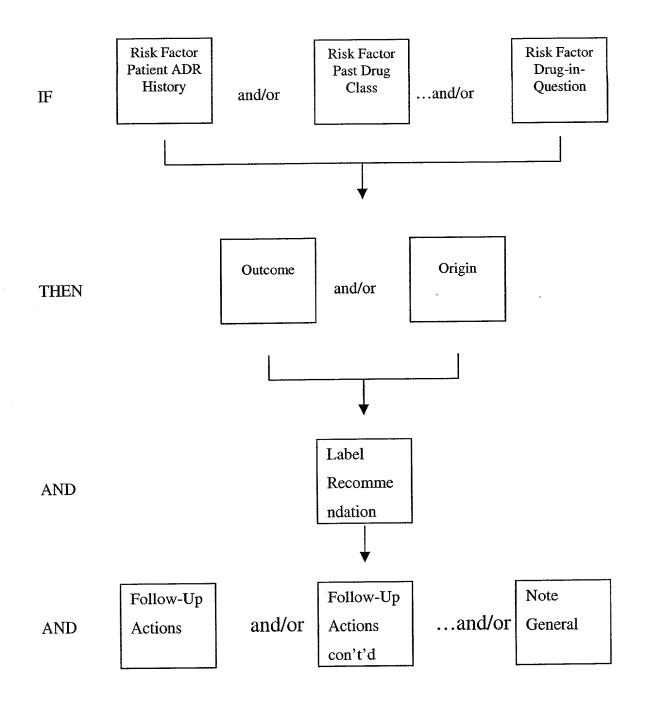


FIGURE 2

Category	Lexical Element	Lexical Element	Lexical Element
Risk factor (RF) patient history			
Risk due to past history			
RF patient ADR history	Sepsis	Hypersensitivity	Hypersensitivity
RF patient family history			
RF patient concurrent condition			
Risk due to current disease			
RF past drug		Enbrel	<enbrel component=""></enbrel>
RF past drug class			
RF concomitant drug			
RF concomitant drug class			
RF drug-in-question (DIQ) class	DMARD	DMARD	DMARD
RF DIQ	Enbrel (etanercept)	Enbrel (etanercept)	Enbrel (etanercept)
RF difference of gender			
RF age			
Outcome	Sepsis	Hypersensitivity	Hypersensitivity
Outcome origin			
Notes on outcome and resolution			
Prescribing action for DIQ	Contraindication	Contraindication	Contraindication
Follow-up actions			
Follow-up actions cont'd			
Conditional follow-up actions			
FUA condition			
FUA conditional action			
Instructions to patient			
Conditional instructions to patient	-		
ITP condition			
ITP conditional action			
What to remain alert for			
Not to be used as alternate therapy for			
Parameters to monitor			
What to test or check			
When to test or check			
Why/what to consider			
Prescribing notes to Physician			

FIGURE 3

Category	Lexical Element	Lexical Element
Risk factor (RF) patient history		
Risk due to past history		
RF patient ADR history		
RF patient family history		
RF patient concurrent condition		••••
Risk due to current disease		
RF past drug		
RF past drug class		
RF concomitant drug		
RF concomitant drug class		
RF drug-in-question (DIQ) class	DMARD	DMARD
RF DIQ	Enbrel	Enbrel
RF difference of gender		
RF age		
Outcome	New infection	sepsis
Outcome origin		
Notes on outcome and resolution		
Prescribing action for DIQ	Continue	Discontinue
Follow-up actions	Monitor closely	
Follow-up actions cont'd		
Conditional follow-up actions	Discontinue if new infection becomes serious	
FUA condition		
FUA conditional action		
Instructions to patient		
Conditional instructions to patient		
ITP condition		
ITP conditional action		
What to remain alert for		
Not to be used as alternate therapy for		
Parameters to monitor		
What to test or check		
When to test or check		
Why/what to consider		
Prescribing notes to Physician		

FIGURE 4

Figure 5: Sample of mapping a conditional text statement to a rule structure, using dictionary terms

Label Text:

	Celebrex shou	ld not be given to	patients who have demonstr	Celebrex should not be given to patients who have demonstrated allergic-type reactions to sulfonomides
Risk Category				
Risk Factor Patient past history				
Risk Factor Patient ADR history			Allergic-typ	Allergic-type reactions
Risk factor Patient family history				+
Risk Factor Patient concurrent condition				
Risk factor Past drug				
Risk factor Past Drug Class				Sulfonomides
Risk Factor Concomitant Drug				
Risk Factor Concomitant drug class				
Risk Factor Drug-in-Question Class				
Risk factor Drug-in-Question	Celebres	}		
Outcome				
Outcome Origin				
Additional Notes on Outcome and Resolution				
Prescribing Action for Drug-in-Question	O	Contraindicated		
Follow-up Actions		1		
Follow-up Actions cont'd				
Conditional Follow-up Actions				
FUA Condition				
FUA Conditional action				
Instructions to Patient				
Conditional Instructions to Patient				
ITP Condition				
ITP Conditional action				
What to Remain Alert For				
Not to be used as Alternate Therapy For				
Parameters to Monitor				
What to Test/Check				
When to Test/Check				
Why/What to Consider				
Additional Prescribing Note to Physician				
Note General				

Figure 6: Sample of mapping a complex conditional text statement to a rule structure, using detionary terms Label Text:

Celebrex should not be given to patients with the aspirin triad. The symptom complex typically occurs in asthmatic patients who

experience thinitis with or without nasal polyps, or who exhibit severe, potentially fatal bronchospasm after taking aspirin or other NSAID's. Emergency help should be sought in cases where anaphylactoid reactions occur.	gafter taking aspirin or other
Risk Category	
Risk Factor Patient past history	-
Risk Factor Patient ADR history i i i Rhinitis; rhinitis with nasa polyps; severe hronchospasm	iospasm
Risk factor Patient family history	_
Risk Factor Patient concurrent condition	1
Risk factor Past drug	-
Risk factor Past Drug Class	
Risk Factor Concomitant Drug ()	
Risk Factor Concomitant drug class	
Risk Factor Drug-in-Question Class 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
Risk factor Drug-in-Question Celebres i i	
Outcome	
Outcome Origin	
Add'l Notes on Outcome and Resolution Potentially fafal Hronchospasm	-
Prescribing Action for Drug-in-Question	_
	Inform patients
Follow-up Actions contident	
Conditional Follow-up Actions	
FUA Condition	
FUA Conditional action	
Instructions to Patient	
Conditional Instructions to Patient	ď
ITP Condition Anaphylactfor	
TTP Conditional action	elp
Not to be used as Alternate Therapy For	
Parameters to Monitor	**************************************
What to Test/Check	
When to Test/Chief	
WhyWhat to Consider	
Additional Prescribing Note to Physician	***************************************
Note General	

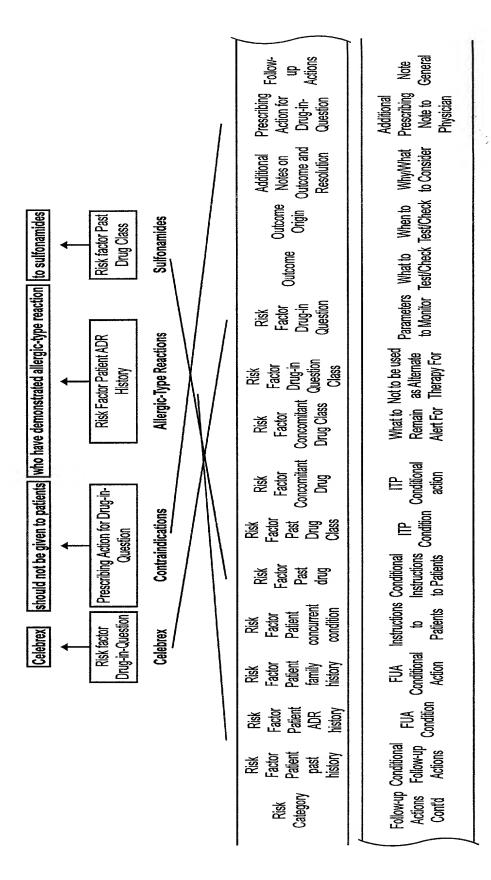
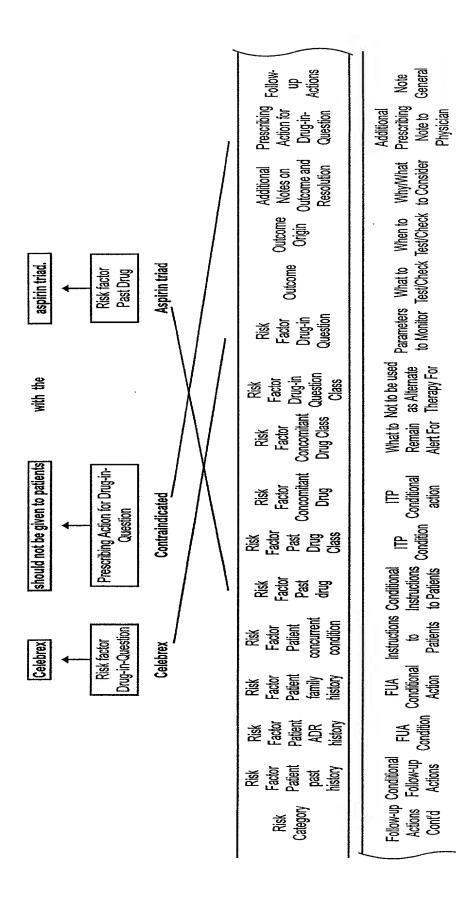
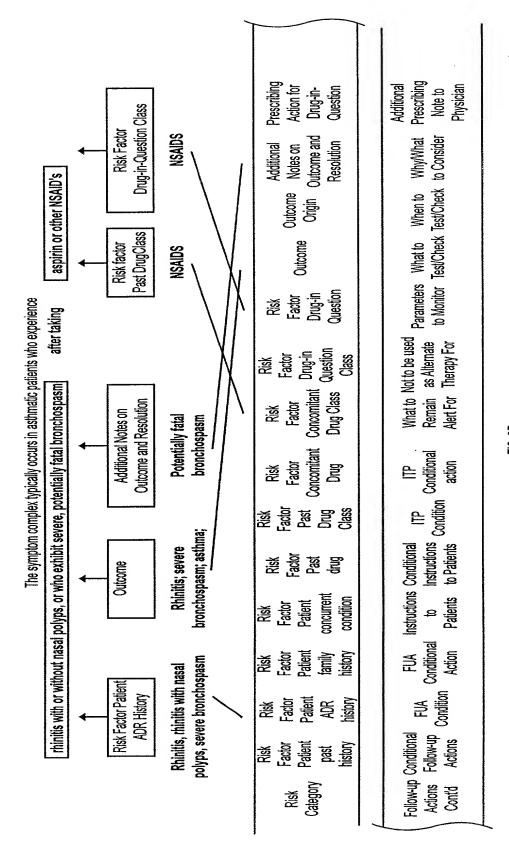


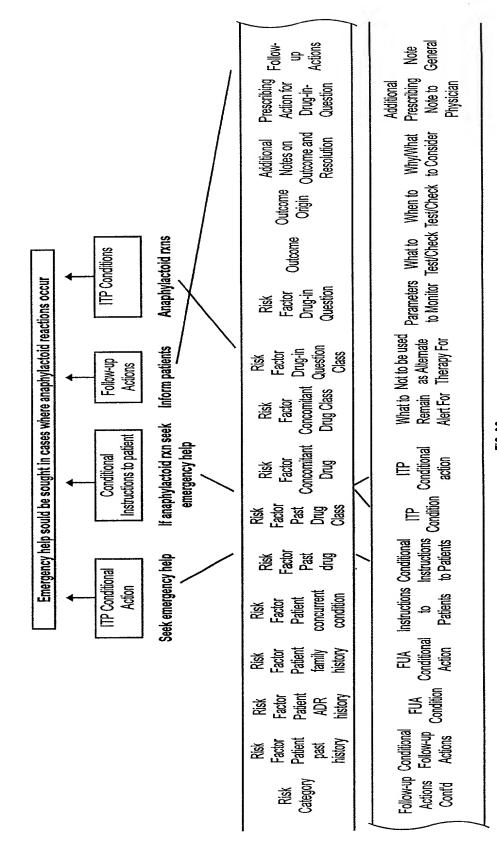
FIG. 7: Sample of reverse tracing mapping to original



Celebrex should not be given to patients with the aspirin triad. The symptom complex typically occurs in asthmatic patients who experience rhinitis with or without nasal polyps, or who exhibit severe, potentially fatal bronchospasm after taking aspirin or other NSAID's. Emergency help should be sought in cases where anaphylactoid reactions occur. Label text:

FIG. 8A: Sample of reverse tracing mapping to original label, in three parts





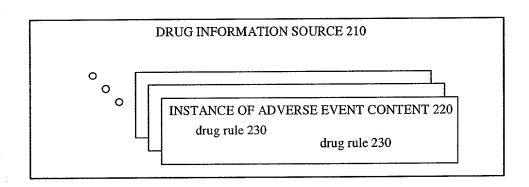


FIGURE 9

